





# What is Health-e-Arizona?

An online application for enrollment  
in public health care programs



## Background

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- Based on Health-e-App, a computerized eligibility application developed for California for use with their SCHIP program.
- AZ modified Health-e-App to accept and process applications for federal, state, and local medical assistance programs.



## Partnerships with Private and Public Sectors

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- Arizona Health Care Cost Containment System (AHCCCS)
  - Department of Economic Security (DES)
  - El Rio Health Center (FQHC)
  - Community Health Centers
  - St. Luke's Charitable Foundation.
  - Deloitte Consulting
  - Pima Community Access Program



## Health-e-Arizona/Benefits

- Improved access to public health programs.
- Opportunity to screen and enroll all eligible (Frees up \$ for the truly uninsured, receive higher reimbursement for enrolled patients).
- Send to the state only those screened eligible.
- Creative cross-agency and public/private partnership to capitalize on existing technology to automate the manual customer service.



# Health-e-Arizona

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## Results/Accomplishments

- Approval rates increased by 40%.
- Average days from submission to disposition decreased by at least 50%.
- Number of pending applications at any given time decreased by 90%.



# Health-e-Arizona

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## Statistics (June 2002- Dec 2003)

- Members Applying: 23,000
- Approved for AHCCCS programs: 10,000
- Approved for other programs: 11,000



## Status of Pilot

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- Started in Pima County June 17, 2002.
- Roll-out to all AZ FQHCs - August 2003.
- Approximately 30,000 applicants screened.
- Expanded to include hospitals:
  - Kino Community Hospital – July 2003
  - University Medical Center – October 2003
  - Carondelet Health Network: St. Mary's and St. Joseph's hospitals – October 2003
- Expand to Small Businesses (January 2004)





# Why Health-e-Arizona?

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## Functional Richness

- Ensures completeness before submission.
- Preliminary eligibility determination in seconds.
- On line selection of health plans.
- Auto computation of income and deductions.
- E-signatures.
- Electronic transmission of documents.
- Electronic final disposition results.
- Documentation stays in the system for future use.



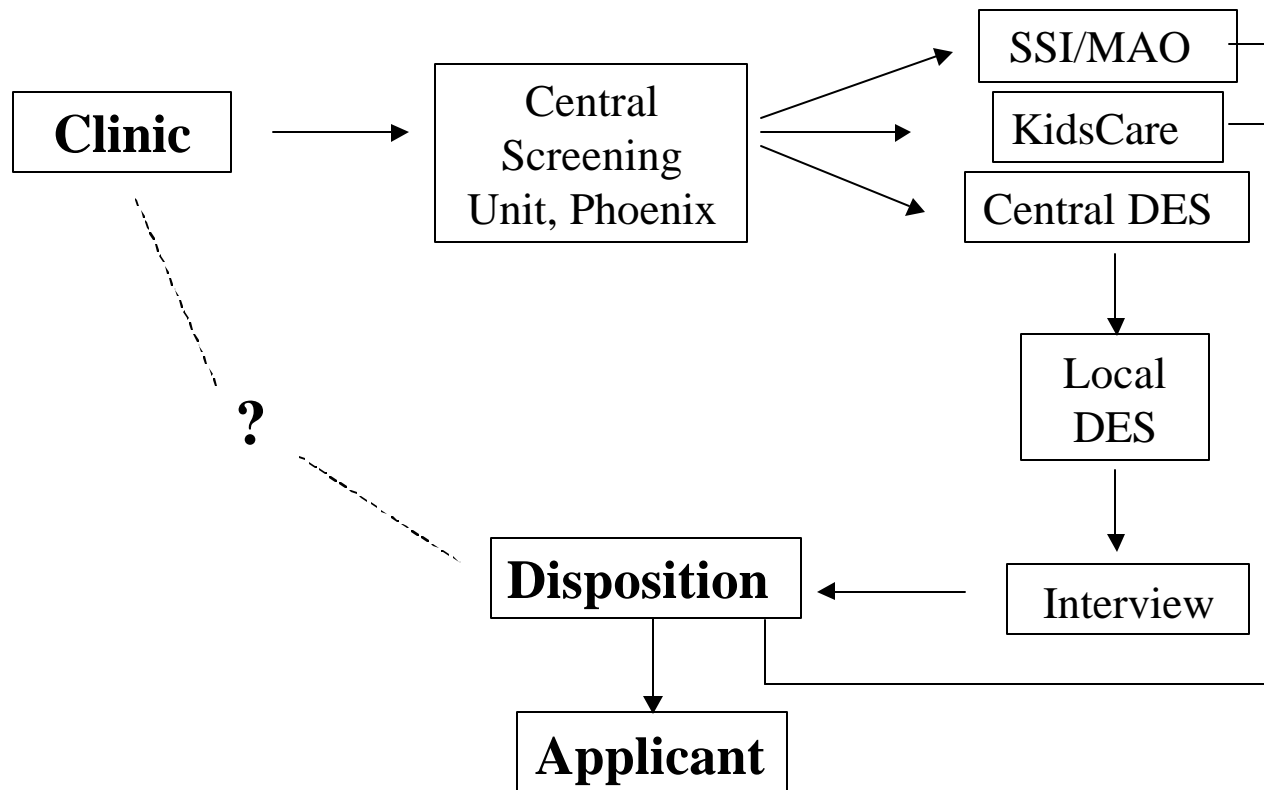
# Why Health-e-Arizona?

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## Simplicity

- Follows the paper application elements and interview style question.
- Submits to appropriate state eligibility agency electronically.
- Entry of application information can be accomplished from any PC with internet connection and a web browser.

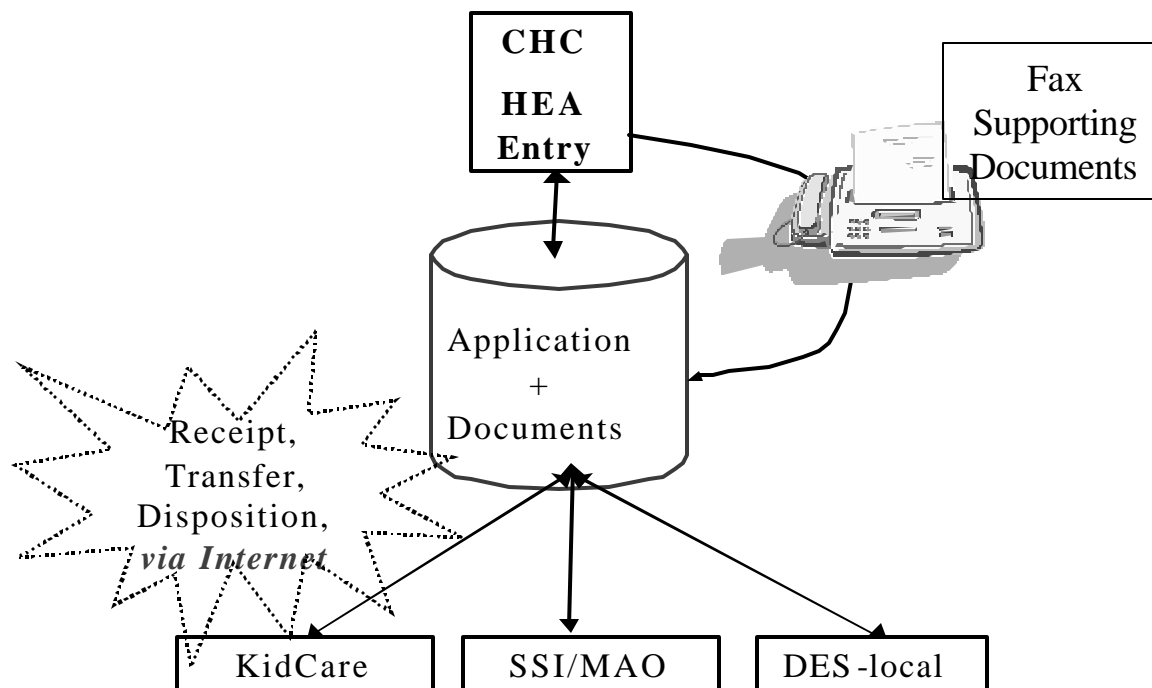
# Tracking a paper application





# Health-e-Arizona

## How it Works



Health-e-App - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Print Mail News RSS Feeds

Address http://www.healthearizona.com/EngTestEnv/2.asp Go Links

**Step 2 Your Household** health e app Insuring Your Family's Health Help Suspend Cancel

English Español Step 2 image

**Tell us about yourself** Notes

First Name: Jacob

Middle Initial:

Last Name: Smith

Suffix: Sr

Do you use any other names? ☐ Yes ☒ No

Home Phone: 623 852 5425

Work Phone: 252 154 2125 x 25668

Other Phone: 249 654 4125 x 74112

Home Address (do not use PO Box)

International/Rural? ☐ Yes ☒ No

Address 1: 2545 N. 34 street

Address 2:

City: avondale

State: Arizona

Zip: 85338

County: Select One

Mailing Address (same as above)

International/Rural? ☐ Yes ☒ No

Tell us about yourself Internet

Start Inbox - Microsoft Outlook Health-e-App - Micr... User's Manual el rio - Mi... 3:57 PM



**Step 4** Other Information

health e app  
Insuring Your Family's Health

• Help • Suspend • Cancel

Jump Back to Step: 

English Español

### Preliminary Eligibility for Primary Coverage



Based on the information you have provided, the following members in your household may be eligible for:

Opt Out	Member	Primary Coverage
<input type="checkbox"/>	Nancy Smith	DES
<input type="checkbox"/>	Max Smith	DES





**Step 1** Getting Started

health<sup>e</sup>app  
Insuring Your Family's Health

• Help • Exit

**User Preferences**

Application ID:

**Permanent Documents Received** *(No Faxes Received)*

Document
Proof of Immigration Status (Non US Citizens)

**Temporary Documents Received**

Document	Fax 1	↑
Proof of Address and State Residency	<input checked="" type="checkbox"/>	
Proof of Child Support	<input checked="" type="checkbox"/>	
Proof of Income	<input checked="" type="checkbox"/>	

↑ ↓ - Use the arrow buttons to reclassify the documents as permanent or temporary.

**Fax Sheet**

**Next** →

Applications submitted from    to

Application Worker:

Select Date Range  
for Report

\*Click on any table column heading to sort (Ascending/Descending)

Select Worker for Report

## Mariposa Community Health Center

### Applications with Final Dispositions for Mariposa Community Health Center

App ID	Name	DOB	Preliminary Eligibility	Date Submitted	Status	Program	Date of Eligibility	Date of Denial	Reason for Denial
20030	Sample Data	3/24/2003	DES	3/24/2003	Approved	DES	3/1/2003		
2003	Sample Data	3/24/2003	DES	3/24/2003	Approved	DES	3/1/2003		
2003	Sample Data	3/25/2003	DES	3/25/2003	Approved	S.O.B.R.A Woman	3/1/2003		
20030	Sample Data	3/25/2003	Not Eligible	3/25/2003	Denied	DES		3/27/2003	Income - Excess (No AHCCCS Continued Coverage)
20030	Sample Data	3/25/2003	KidsCare	3/25/2003	Denied	DES		3/27/2003	Income - Excess (No AHCCCS Continued Coverage)
20030	Sample Data	3/25/2003	DES	3/25/2003	Approved	DES	3/1/2003		
20030	Sample Data	3/26/2003	DES	3/26/2003	Approved	DES	3/1/2003		
20030	Sample Data	3/27/2003	DES	3/27/2003	Approved	DES	3/1/2003		
20030	Sample Data	3/27/2003	DES	3/27/2003	Approved	DES	3/1/2003		
20030	Sample Data	3/27/2003	DES	3/27/2003	Approved	DES	3/1/2003		
20030	Sample Data	4/4/2003	DES	4/4/2003	Approved	DES	3/1/2003		
20030	Sample Data	4/4/2003	DES	4/4/2003	Approved	DES	3/1/2003		
20030	Sample Data	4/4/2003	DES	4/4/2003	Approved	DES	3/1/2003		
20030	Sample Data	4/4/2003	DES	4/4/2003	Approved	DES	3/1/2003		
20030	Sample Data	4/1/2003	DES	4/1/2003	Denied	DES		4/14/2003	Income - Excess (No AHCCCS Continued Coverage)
20030	Sample Data	4/7/2003	DES	4/7/2003	Approved	DES	4/1/2003		
20030	Sample Data	4/7/2003	Not Eligible	4/7/2003	Approved	DES	4/1/2003		
20030	Sample Data	4/7/2003	DES	4/7/2003	Approved	DES	4/1/2003		
20030	Sample Data	4/7/2003	Not Eligible	4/7/2003	Approved	DES	4/1/2003		
20030	Sample Data	4/7/2003	DES	4/7/2003	Approved	DES	4/1/2003		
20030	Sample Data	4/7/2003	Not Eligible	4/7/2003	Approved	DES	4/1/2003		
20030	Sample Data	4/10/2003	KidsCare	4/10/2003	Approved	KidsCare	5/1/2003		





# Technical Requirements

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- Computer: PC or Mac
- Browser: IE 4.0 or higher
- High speed Internet connection recommended
- Print capability
- Fax machine
- Electronic signature pad – optional but suggested



# Subscription Information

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Set up fee (one time)

Subscription and Maintenance fee per month

## **FEES Include:**

- Unlimited user seats within facility
- Electronic submission and routing
- Status tracking
- Training/User's Manual
- Customer support
- AHCCCS updates
- Software upgrades